

EPA KEY CONTACTS FORM

Authorized Representative: *Original awards and amendments will be sent to this individual for review and acceptance, unless otherwise indicated.*

Name:	Prefix: Mr.	First Name: Benny	Middle Name:
	Last Name: Romero	Suffix:	
Title:	Department Controller		
Complete Address:			
Street1:	William R. Snodgrass TN Tower		
Street2:	312 Rosa L. Parks Avenue, 10th Floor		
City:	Nashville	State:	TN: Tennessee
Zip / Postal Code:	37243-1102	Country:	USA: UNITED STATES
Phone Number:	615-741-8821	Fax Number:	
E-mail Address:	Benny.Romero@tn.gov		

Payee: *Individual authorized to accept payments.*

Name:	Prefix: Mr.	First Name: Rick	Middle Name:
	Last Name: Tamble	Suffix:	
Title:	Accountant 3		
Complete Address:			
Street1:	William R. Snodgrass TN Tower		
Street2:	312 Rosa L. Parks Avenue, 10th Floor		
City:	Nashville	State:	TN: Tennessee
Zip / Postal Code:	37243-1102	Country:	USA: UNITED STATES
Phone Number:	615-532-0311	Fax Number:	
E-mail Address:	Rick.Tamble@tn.gov		

Administrative Contact: *Individual from Sponsored Programs Office to contact concerning administrative matters (i.e., indirect cost rate computation, rebudgeting requests etc).*

Name:	Prefix: Ms.	First Name: Angela	Middle Name:
	Last Name: McGee	Suffix:	
Title:	Deputy Director		
Complete Address:			
Street1:	William R. Snodgrass TN Tower		
Street2:	312 Rosa L. Parks Avenue, 2nd Floor		
City:	Nashville	State:	TN: Tennessee
Zip / Postal Code:	37243-1102	Country:	USA: UNITED STATES
Phone Number:	615-532-7816	Fax Number:	
E-mail Address:	Angela.McGee@tn.gov		

EPA KEY CONTACTS FORM

Project Manager: *Individual responsible for the technical completion of the proposed work.*

Name: Prefix: First Name: Middle Name:
Last Name: Suffix:

Title:

Complete Address:

Street1:

Street2:

City:

State:

Zip / Postal Code:

Country:

Phone Number:

Fax Number:

E-mail Address: